| • •   |                                     |   |                                       |                    |                              |                  |   |                 | Application or Docket Number |                        |               |                     |                        |  |
|---|-------------------------------------|---|---------------------------------------|--------------------|------------------------------|------------------|---|-----------------|------------------------------|------------------------|---------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD   |                                     |   |                                       |                    |                              |                  |   |                 | 325777026100                 |                        |               |                     |                        |  |
| Effective October 1, 2000   |                                     |   |                                       |                    |                              |                  |   |                 | 09917641                     |                        |               |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                                     |   |                                       |                    |                              |                  |   | SMALL<br>TYPE   | . EN                         | лпу<br>—               | OR            | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS  |                                     |   | 19                                    |                    |                              |                  |   | RATI            |                              | FEE                    |               | RATE                | FEE                    |  |
| FOR   |                                     |   | NUMBER FILED                          |                    | NUMBER EXTRA                 |                  |   | BASIC           | FEE                          | 355.00                 | OR            | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |                                     |   | 19 minus 20=                          |                    | · Ø                          |                  |   | X\$ 9=          |                              |                        | OR            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |                                     |   | 6 minus 3 =                           |                    | 3                            |                  |   | X40=            |                              |                        | OR            | X80=                | 240                    |  |
| MU  | LTIPLE DEPEN                        | DENT CLAIM PI                             | RESENT                                |                    |                              |                  |   | +135=           |                              |                        | OR            | +270=               | 01                     |  |
| • H   | the difference                      | in column 1 is                            | less than zero, enter "0" in column 2 |                    |                              | olumn 2          |   | TOTAL           |                              | OR                     | TOTAL         | 950                 |                        |  |
|   | C                                   | LAIMS AS A                                | MENDED                                | ENDED - PART II    |                              |                  |   |                 | - 1                          |                        | ,             | OTHER               | THAN                   |  |
| (Column 1) (Column 2)   |                                     |   |                                       |                    |                              |                  |   | SMAL            | LL E                         | ENTITY                 | OR            | SMALL               |                        |  |
| AMENDMENT A   |                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | PREVI              | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |   | RATE            | E                            | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                               | . 19                                      | Minus                                 | 20                 | 9                            | =                |   | X\$ 9           | =                            |                        | OR            | X\$18=-             |                        |  |
| ME  | Independent                         | . 5                                       | Minus                                 | ***                | $\overline{\mathcal{L}}$     | -                | 1 | x40,            |                              |                        | OR            | X80=                |                        |  |
| ~   | FIRST PRESENTATION OF MULTIPLE DEPE |   |                                       |                    | DENT CLAIM                   |                  | J | 7               |                              |                        |               |                     |                        |  |
|   |                                     |   |                                       |                    |                              |                  |   |                 | =                            |                        | OR/           | +270=               | $\angle$               |  |
|   | 2/1/                                |   |                                       |                    |                              |                  |   |                 | EE                           |                        | OR ADDIT. FEE |                     |                        |  |
| 2 /6 /0 (Column 1) (Column 2) (Column 3)  |                                     |   |                                       |                    |                              |                  |   |                 |                              |                        |               |                     |                        |  |
| AMENDMENT B   |                                     | REMAINING<br>AFTER<br>AMENDMENT           | :                                     | NUA<br>PREVI       | ABER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |   | RAT             | Ε                            | ADDI-<br>TIONAL<br>FEE | ٠             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                               | . / 9                                     | Minus                                 | 2                  | J                            | •                |   | X\$ 9           | -                            |                        | OR            | X\$18=              |                        |  |
| <b>AME</b>  | Independent                         | NTATION OF M                              | Minus                                 | ••• (              | E CLAIM                      | -                | - | X40:            | 3                            |                        | OR            | X80=                |                        |  |
| L   | Tringi Phese                        | NIAHOROP IN                               | JETT CE DET                           | DADEN              | , OCAU                       |                  | J | +135            | =                            |                        | OR            | +270=               |                        |  |
|   |                                     |   |                                       |                    |                              |                  |   | TOT<br>ADDIT. F |                              |                        | OR            | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)  |                                     |   |                                       |                    |                              |                  |   |                 |                              | _                      |               |                     |                        |  |
| AMENDMENT C   |                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | RIG<br>NUI<br>PREV | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |   | RATI            | Ē                            | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total                               | •   | Minus                                 | ••                 |                              | 2                |   | X\$ 9           |                              |                        | OR            | X\$18=              |                        |  |
| 慢   | Independent                         | •   | Minus                                 | ***                |                              | =                | ] | X40-            | _                            |                        |               | X80=                |                        |  |
| L   | FIRST PRESE                         | NTATION OF M                              | ULTIPLE DE                            | PENDEN             | T CLAIM                      |                  | ] |                 | $\dashv$                     |                        | OR            |                     |                        |  |
| +135=   |                                     |   |                                       |                    |                              |                  |   |                 |                              |                        | OR            | +270=               |                        |  |
| "If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onter "20."  ADDIT. FEE  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                     |   |                                       |                    |                              |                  |   |                 |                              |                        | OR            | TOTAL<br>ADDIT. FEE |                        |  |
| "   |                                     | imber Previously Fa<br>nber Previously Pa |                                       |                    |                              |                  |   | ound in the     | e apl                        | propriate bo           | x in co       | olumn 1.            |                        |  |

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